

ON-SITE VISIT FORM 3.1

To be filled out by the interviewer — Information is confidential

8.21.07

Company Information	
Company Name	Date of Visit (mm/dd/yy)
Contact Name	City/State/ZIP
Phone () -	
Interviewer(s)	
Lead Interviewer	Organization
Other Interviewer(s)	Organization

Product/Service	
1. What is your company's greatest achievement in the last three (3) years? _____ _____	DNA/K Dcl
2. Where is the company's primary product/service in its life cycle? <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> Emerging <input type="checkbox"/> Maturing <input type="checkbox"/> Growing <input type="checkbox"/> Declining </div>	DNA/K Dcl
3. Has the company introduced new products/services/capabilities in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
4. Are new products/services anticipated in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
5. As a percent of sales, how much does the company spend on R&D? <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> 0% <input type="checkbox"/> 3%–6% <input type="checkbox"/> Under 3% <input type="checkbox"/> Over 6% </div>	DNA/K Dcl
As a percentage, approximately how is the R&D budget divided among: Where is the R&D facility located? _____	New product development _____ % Product improvement(s) _____ % Production improvement(s) _____ % DNA/K Dcl
Product/Service Notes	

Market	
6. Is the company's primary market: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International	DNA/K Dcl
7. Are total company sales: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
8. Is the market share of the company's key product(s) : <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
If changing, please explain: _____ _____	

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9. Does the company plan to expand in the next three years: <input type="checkbox"/> Yes <input type="checkbox"/> No		DNA/K Dcl
If yes, estimated total investment \$ _____		
Approximate percentage equipment/technology _____ %		
Approximate percentage real estate _____ %		
Estimated number of jobs added or lost (-) _____		
Estimated facility size increase _____ sq. ft.		
Approximate date of expansion _____ (mm/yy)		
Comments: _____		
10. Are export sales as a percentage of total sales: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No exports		DNA/K Dcl
If exporting, approximately what percentage of sales comes from export sales?		1-20% 41-60% 81-100% 21-40% 61-80%
Where are your export markets? _____		
11. Is the percentage of products and/or components imported by the company : <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable <input type="checkbox"/> No imports		DNA/K Dcl
12. Does the company have production facilities outside the country ? <input type="checkbox"/> Yes <input type="checkbox"/> No		DNA/K Dcl
If yes, are they contract production or a company facility: <input type="checkbox"/> Contract production <input type="checkbox"/> Company facility <input type="checkbox"/> Both		
What is the function of the overseas location(s) _____		
Where is foreign production located? _____		
Market Notes		

Industry		
13. Where are primary international competitors located (City and Country)? _____		DNA/K Dcl
14. Is overseas production by domestic competitors: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing		DNA/K Dcl
Please explain: _____		
15. Is merger, acquisition or divestiture activity in your industry: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing		DNA/K Dcl
16. In your industry, is production: <input type="checkbox"/> Under capacity <input type="checkbox"/> Balanced <input type="checkbox"/> Over capacity		DNA/K Dcl
17. Do you anticipate any federal, state, or local legislation changes that will adversely affect your business in the next five years: <input type="checkbox"/> Yes <input type="checkbox"/> No		DNA/K Dcl
If yes, what changes? _____		
How will they affect the company? _____		

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18. Do you anticipate any federal, state, or local legislation changes that will benefit your business in the next five years: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what changes? _____ How will they affect the company? _____ _____	DNA/K Dcl
Industry Notes	

Management	
19. Has the company's ownership changed in the last 18 months, or do you anticipate a change: <input type="checkbox"/> Changed <input type="checkbox"/> Change Pending <input type="checkbox"/> No If changing, please explain: _____ _____ _____	DNA/K Dcl
Has the company's top management changed or is it expected to change in the next 18 months: <input type="checkbox"/> Changed <input type="checkbox"/> Change Pending <input type="checkbox"/> No If changing, please explain: _____ _____ If changed, what impact will this/these changes have on the local operation? _____ _____	DNA/K Dcl
20. Are the projected employment needs for this facility: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
21. What are the community's strengths as a place to do business? _____ _____	DNA/K Dcl
22. What are the community's weaknesses as a place to do business? _____ _____	DNA/K Dcl
23. Are there any barriers to growth in this community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____ _____	DNA/K Dcl
24. Does the attitude among executives at corporate headquarters toward this community as a place to do business differ from local management: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain? _____ _____ _____	DNA/K Dcl

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25. Are there any reasons the community may not be considered for future expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain? _____ _____	DNA/K Dcl
26. Are there suppliers or service providers that the company would like to have located closer to this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, product/service, company, and current location? _____	DNA/K Dcl
Management Notes 	

Workforce										
	Low	1	2	3	4	5	6	7	High	
27. How do you rate the availability of workers in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
28. How do you rate the quality of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
29. How do you rate the stability of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
30. As compared to other company facilities, how would you rate productivity in this facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
31. Is the company experiencing recruitment problems with any employee positions or skills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what problems, positions, skills? _____ _____ _____										DNA/K Dcl
32. Is the number of unfilled positions: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing Estimated number of unfilled positions today: _____ Approximately when will these jobs be filled? _____ (mm/yy)										DNA/K Dcl
33. Have you experienced or do you anticipate any significant changes in the make-up of your workforce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how did/will you deal with this change? _____ _____										DNA/K Dcl
34. Are primary recruitment problems limited to: <input type="checkbox"/> Community <input type="checkbox"/> Industry										DNA/K Dcl
35. Is company investment in employee training: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None If investing in employee training, what percentage of the training budget is for:										DNA/K Dcl
									New job skills training _____%	
									Proficiency training _____%	
									Remedial skill training _____%	
Workforce Notes 										

Workforce Development Services

- A. Does your company use Workforce Development / One-Stop Career Center services? ☐ Yes ☐ No
(These services include: job posting, recruitment, screening, referral, customized employee training, labor market information, etc.)

If yes, On a scale of 1 to 7 with 1 being Very Dissatisfied and 7 being Very Satisfied, what was your level of satisfaction with these workforce services?

1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you suggest any improvements in these workforce services? ☐ Yes ☐ No

please explain: _____

If no, Why is your company not using these workforce services? (Check all that apply)

Did not know services were available ☐

Services not needed ☐

Tried the services and was dissatisfied ☐

Other (please indicate below):

- B. If unfamiliar with these workforce services,

Would you like to receive information about workforce services? ☐ Yes ☐ No

Would you like someone to contact you? ☐ Yes ☐ No

Technology

36. Is there new technology emerging that will substantially change either your company's primary product/service or how it is produced? ☐ Yes ☐ No DNA/K Dcl

Explain new technology: (Interviewer: Circle one – Positive, Negative, Both): _____

37. Compared to your business segment, how would you rank your company's use of technology for:

Use	Low							High	
Internal office operations	1	2	3	4	5	6	7		DNA/K Dcl
Production	1	2	3	4	5	6	7		DNA/K Dcl
Sales and inventory management	1	2	3	4	5	6	7		DNA/K Dcl
Marketing	1	2	3	4	5	6	7		DNA/K Dcl

Comments: _____

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38. Compared to your business segment, rate your company's technology investment:	Low 1	2	3	4	5	6	High 7	DNA/K Dcl
Comments: _____								

39. Is the community's technology infrastructure adequate for your company's growth plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No							DNA/K Dcl
Comments: _____								

Technology Notes								

Utility Services

40. How is the consumption of the following utilities changing?					41. Please rate your satisfaction with your utility providers									
<u>Type of Utility</u>	I*	S*	D*		Low							High		
					1	2	3	4	5	6	7			
A) Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
B) Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
C) Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
D) Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
E) Telecom (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
F) Cellular service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
G) Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
H) Internet speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl	
* I = Increasing, S = Stable, D = Decreasing														
For any utility services with satisfaction rated 3 or below, please comment:														
Utility service issue 1 (circle one) A B C D E F G H					Low Rank Comment 1: _____ _____ _____									
Utility service issue 2 (circle one) A B C D E F G H					Low Rank Comment 2: _____ _____ _____									
Utility service issue 3 (circle one) A B C D E F G H					Low Rank Comment 3: _____ _____ _____									
Utility Notes														

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Community Services									
42. Please rate the quality of the following services provided by the community on a scale of 1 to 7, 7 being high.									
	Low							High	
	1	2	3	4	5	6	7		
A) Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
B) Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
C) Ambulance paramedic service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
D) Health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
E) Child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
F) School (K–12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
G) Tech college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
H) Community college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
I) College(s) and university(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
J) Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
K) Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
L) Streets and roads (local)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
M) Highways (State & Federal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
N) Airline passenger service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
O) Air cargo service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
P) Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
Q) Property tax assessment (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
R) Zoning changes and building permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
S) Regulatory enforcement (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
T) Community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
U) Community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
V) County services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
W) Chamber of Commerce or business association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
X) Economic development organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DNA/K Dcl
For services with satisfaction rated 3 or below, please comment:									
Service issue 1 (circle one) A B C D E F G H I J K L M N O P Q R S T U V W X	Low Rank Comment 1: _____ _____ _____								
Service issue 2 (circle one) A B C D E F G H I J K L M N O P Q R S T U V W X	Low Rank Comment 2: _____ _____ _____								

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Service issue 3 (<i>circle one</i>) <div> <div>A B C D E F G H I J K L</div> <div>M N O P Q R S T U V W X</div> </div>	<i>Low Rank Comment 3:</i> _____ _____ _____
<i>Community Service Notes</i> 	

Do you have any other comments you would like to share?

Confidentiality	
Confidentiality request signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for your assistance.